

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155770		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/29/2011	
NAME OF PROVIDER OR SUPPLIER VILLAS OF GUERIN WOODS				STREET ADDRESS, CITY, STATE, ZIP CODE 1002 SISTER BARBARA WAY GEORGETOWN, IN47122			
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F0000	<p>This visit was for the Investigation of Complaint IN00095218.</p> <p>Complaint IN00095218- Substantiated. Federal/state deficiencies related to the allegation(s) are cited at F-157 and F-514</p> <p>Survey date: August 29, 2011</p> <p>Facility number: 011509 Provider number: 155770 AIM number: 200909280</p> <p>Survey team: Donna Groan, RN, TC Avona Connell, RN</p> <p>Census Bed Type: SNF: 15 SNF/NF: 14 Residential: 9 Total 38</p> <p>Census Payor Type: Medicare: 5 Medicaid: 9 Other: 24 Total: 38</p> <p>Sample: 3</p>			F0000	<p>Submission of the plan of correction shall not constitute an admission by the Villas of Guerin Woods to the allegations contained in this survey report. The Villas of Guerin Woods specifically and generally denies that the survey allegations are indicative of the quality of nursing care and services provided to the residents of this health care facility. This plan of correction is submitted in accordance with the requirements of the State and Federal Law.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2. Quality review completed on September 1, 2011 by Bev Faulkner, RN						

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F0157 SS=D	<p>A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>Based on record review and interview, the facility failed to ensure the attending physician was notified of a change in the resident's condition for 1 of 3 residents reviewed with a change in condition. (Resident C)</p> <p>Findings include:</p>			F0157	<p>The Administrator and the Director of Nursing reviewed the Villas' the Notifications of Elder Condition policy on September 7, 2011 (Exhibit #1). The Director of Nursing provided individualized in-servicing from 9/7/11 - 9/9/11 to staff on the Villas' Notification of Elder Condition Policy (Ex.2). The in-service included a written post</p>		09/12/2011

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	<p>The clinical record for Resident C was reviewed on 8/29/11 at 10 a.m. The resident's diagnoses included, but were not limited to: Parkinson's and dementia.</p> <p>Nurse's Notes included, but were not limited to: 8/9/11 at 1 P.M., "Elder (resident) having difficulty eating today due to increase mucous in airway, suctioned x 3. Mucous thick/white with foul odor. CNA's report increased lethargy throughout shift and sometimes difficult to arouse. B/P 112/68, P (pulse) 75, R (respirations) 18, T (temperature) 98.4, O2 sats (saturation) 98% on RA (room air). Notified [named] @ [named] hospice of elder status. States nurse will be making visit today. Will cont. to monitor."</p> <p>Documentation was lacking the attending physician was notified of the change in condition noted at 1:00 p.m.</p> <p>On 8/29/11 at 2:20 p.m., the Administrator provided the facility policy and procedure for "Notification of Elder Change in Condition" policy which included, but was not limited to: "Following the assessment, observing signs and symptoms, and obtaining vital signs, the Elder's physician will be promptly notified of significant findings.</p>				<p>test and was completed by each staff member (Ex.3)The Director of Nursing will in-service staff quarterly for one year, then annually thereafter (Ex.4).The Administrator will bring these in-services to the Quality Assurance Committee for recommendations and further actions.Completion date: 9/12/2011</p>		

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F0514 SS=D	<p>Approved April 2008."</p> <p>On 8/29/11 at 3 p.m., in interview with the Director of Nursing, she indicated the attending physician had not been notified.</p> <p>This federal tag relates to Complaint IN00095218.</p> <p>3.1-5(a)(2)</p> <p>The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>Based on record review and interview, the facility failed to ensure clinical records were complete and accurate for 2 of 3 records reviewed in a sample of 3. (Residents A and C)</p> <p>Findings include:</p> <p>1. In interview with Compatisant (CNA - Certified Nursing Assistant) #1, upon entrance to the facility on 08/29/11 at 8:25 a.m., she indicated Resident A expired</p>			F0514	<p>The Administrator and The Director of Nursing reviewed the Villas' Discharge by Death policy on 9/7/11 (Ex.5).The Director of Nursing provided individualized in-servicing from 9/7/11 -9/9/11 to staff on the Villas' Discharge by Death Policy(Ex.2). The in-servicing included a written post test and was completed by each staff member (Ex.6)Resident A clinical record was completed as a Late Entry by the nurse on duty at the time Resident A expired as a late entry(Ex.7). The villas' policy on</p>		09/12/2011

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	<p>during the night.</p> <p>The clinical record for Resident A was reviewed on 8/29/11 at 1:55 p.m. The resident's diagnoses included, but were not limited to chronic ischemic heart disease (not enough blood to the vessels), hypertension (high blood pressure), CHF (congestive heart failure) and history of hip fracture.</p> <p>The resident was admitted to the facility on 11/29/10 and admitted to Hospice services on 08/04/11.</p> <p>Review of the nurses notes for 08/29/11 at 1:00 a.m., indicated the following: "Elder sleeping, 4 liter O2 (oxygen) via nasal cannula. T (temperature) 100.7 ax (under the arm), O2 sat (amount of oxygen in the blood) 92%, HR (heart rate) 83, RR (respirations) 22, B/P (blood pressure) 105/66. respiration labored and shallow. Elder unresponsive to questions. Tylenol 650 milligrams suppository given @ 1 a.m. 0.25 Roxanol (pain med) given. Treatment to coccyx done. Elder No PO (per mouth) meds given this shift due to elder not swallowing food. ADL's (activity of daily living) done to mouth. All needs have been met. Will continue to monitor."</p> <p>Documentation was lacking of time of</p>				<p>Late Entry documentation was reviewed by the Administrator and the Director of Nursing on 9/7/11(Ex.8). The Director of Nursing provided individualized in-servicing from 9/7/11 - 9/9/11 on the Villas' Late Entry documentation Policy. The in-service included a post test and was completed by each staff member(Ex.9)Resident C care plan was updated with the family, staff and Hospice personnel on 9/8/11(Ex.10).The Administrator and Director of Nursing reviewed the Villas' Nursing Service Policy on 9/7/11(Ex.11)The Director of Nursing provided individualized in-servicing on the Villas' Nursing Service Policy from 9/7/11 - 9/9/11(Ex.2). The in-service included a written post test and was completed by each staff member(Ex.12)The Director of Nursing will in-service staff quarterly for one year and annually thereafter(Ex.4).The Administrator will bring these in-services to Quality Assurance Committee for recommendations and further actions.Completion date 9/12/2011</p>		

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	<p>death, physician notification, or for an order to release the body. The Administrator provided a copy of the death certificate which indicated the resident expired at 5:50 a.m.</p> <p>At 3:08 p.m., on 08/29/11, the Administrator provided a copy of the facility's "Discharge by Death" policy. The policy was reviewed at this time which included, but was not limited to: "Under standards:</p> <p>2. Upon an Elder's death, the Elder's physician and the Elder's legal representative will be notified by a licensed nurse. A physician's order will be obtained prior to release of the deceased to a mortuary.</p> <p>9. The nurse will document in the medical record, information concerning the Elder's death, including notification of the physician and legal representative, the disposition of the body, personal possessions and medications, and a complete and accurate notation of the Elder's condition and most recent vital signs and symptoms, if any, preceding death."</p> <p>2. The clinical record for Resident C was reviewed on 8/29/11 at 10 a.m. The resident's diagnoses included, but were not limited to: Parkinson's disease and</p>						

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	<p>dementia. Nurse's Notes included, but were not limited to: 8/12/11 at 8 a.m., "CNA's report to this nurse that they were informed that elder is to be NPO. Contacted [named] Hospice regarding the issue, spoke with [named] hospice nurse, advised me that the elder has no orders to be NPO and although she may refuse, she is to be offered pureed foods/snacks and thickened liquids often. States 'mighty shakes' are okay to offer. Advised all health care staff working with elder today also notified [named] Administrator and [named] DON."</p> <p>A CNA Shift report, dated 8/10/11, included, but was not limited to: Resident C "NPO Plan released today (comfort measures) Night NPO Comfort Measures only." Documentation was lacking of an order for comfort measures only.</p> <p>The CNA Shift report, dated 8/11/11, included, but was not limited to: Resident C "NPO! Comfort measures only Night NPO."</p> <p>On 8/29/11 at 1:45 p.m., in interview with the Administrator she indicated Resident C had not been made NPO. The resident had to be suctioned and the family was called to come in. Resident C was NPO for about a day.</p>						

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	<p>In interview with the POA on 8/29/11 at 2:20 p.m., she indicated the resident had a living will and did not want a feeding tube. She was in agreement with no food or fluids as the resident's condition had declined and as a group the situation was discussed. Documentation was lacking of the time the meeting was held. On 8/29/11 at 3:30 p.m., the Administrator provided a Social Service Progress Notes which indicated the Administrator spoken with the POA on 8/9/11 regarding the decline and [named] Hospice to be in. Content of the discussion was lacking in the documentation.</p> <p>This federal tag relates to Complaint IN00095218.</p> <p>3.1-50(a)(1) 3.1-50(a)(2)</p>						